



★ VIRGINIA ★
DEPARTMENT *of* ELECTIONS

CERTIFICATE OF ELIGIBILITY FOR
APPOINTMENT TO ELECTORAL BOARD

TO: The Circuit Court _____
☐ County ☐ City

I, _____, certify that
PLEASE PRINT YOUR NAME

I am a qualified voter of the above-mentioned county (or city) and I further certify that:

- ☐ I am not employed, either full or part-time, by the government of the United States, the Commonwealth of Virginia, or any County, City or Town;
- ☐ I do not hold any office or post, under any of the above governmental units, for which I am paid*;
- ☐ I do not hold any elective office;
- ☐ I am not the spouse, parent, grandparent, sibling, child or grandchild of a candidate for or holder of an elective office filled in whole or in part by any voters within the jurisdiction of the electoral board;
- ☐ I am not the spouse of a grandparent, parent, sibling, child, or grandchild, of a candidate for or holder of an elective office filled in whole or in part by any voters within the jurisdiction of the electoral board;
- ☐ I am not the spouse of either an electoral board member or the general registrar;
- ☐ I am not the parent, grandparent, sibling, child, or grandchild of either an electoral board member or the general registrar;
- ☐ I am not the spouse of a person who is the parent, grandparent, sibling, child, or grandchild of either an electoral board member or the general registrar;
- ☐ I am not the chair of a state, local or district level political party committee; and
- ☐ I am not a paid worker in the campaign of a candidate for nomination or election to any office filled in whole or in part by the qualified voters of the county or city.

I am, therefore, eligible, if appointed, to serve as a member of the county (or city) Electoral Board. Further, I understand that, should I be appointed to the Electoral Board: (i) I must notify the Court and immediately vacate the Electoral Board should I become disqualified for any reason; and (ii) I must submit to the Court my resignation from the Board if I decide to become a candidate for any office elected in whole or in part by the registered voters of my locality.

SIGNATURE OF NOMINEE FOR APPOINTMENT

PRINTED NAME OF NOMINEE FOR APPOINTMENT

RESIDENCE ADDRESS

MAILING ADDRESS

CITY/TOWN

ZIP

CITY/TOWN

ZIP

DATE: _____

DAYTIME PHONE NUMBER: _____

*Payment of a per diem prevents you from accepting appointment. However, you are not barred from qualification if you hold a position for which the only monies received are for reimbursement of your actual, itemized expenses.